As a below named inventor, I hereby declare that:

Miami Valley Labs, P. O. Box 538707

Street

Cincinnati

City

Ohio

State

45253-8707

Zip Code

My residence, post office a	ddress and citizenship are	as stated below next to my name.	
I believe I am the o	riginal, first and sole inve	entor (if only one name is listed b	elow) or an original, first and joint
			for which a patent is sought on the
	YDROBENZÓFURAN	<del>-</del>	
INFLAMMATORY AGE			
(check [X	<u></u>		
one)	was filed on		as
	· · · · · · · · · · · · · · · · · · ·	lo	
•	and was amended or		
•	and was anionaed of	(if applicable)	
I hereby state that I	have reviewed and under	• • • •	dentified specification, including the
claims, as amended by any			denumed specification, including the
			ion of this application in accordance
with Title 37 Code of Feder	=	which is material to the examinat	ion of this application in accordance
	• • • • • • • • • • • • • • • • • • • •	Title 25 United States Code \$110	(a) (d) of any famine and instinction (a)
			(a)-(d) of any foreign application(s)
<del>-</del>		•	y foreign application for patent or
inventor's certificate naving	g a filing date before that o	of the application on which priority	is claimed:
Prior Foreign Applic	cation(s)	Priority Claimed	
			0 0
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
,	• • • • • • • • • • • • • • • • • • • •		0 0
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
below.			ates provisional application(s) listed
Application Serial No.	Filing Date	Application Serial No.	Filing Date
in the manner provided by material information as def	er of each of the claims of the first paragraph of T ined in Title 37 Code of F	this application is not disclosed in itle 35 United States Code §112,	ates application(s) listed below and, in the prior United States application. I acknowledge the duty to disclose in occurred between the filing date of it.
(Application Serial No.) (Filing Date)		(Status) (patented, pending, abandoned)	
(Application Serial ?	No.) (Filing Date)	(Status) (patented, p	ending, abandoned)
		agent(s) with full power of substance Office connected therewith:  Associate Power	itution to prosecute this application
Atty Name	Atty Reg Number,	of Attorney Attached	
' y Pat McMahon	34,673	[] Yes [X] No	
en F. Clark	32,974		
David L. Suter	30,692		
	•	[] Yes [X] No	
Richard A. Hake	37,343	[] Yes [X] No	
Jacobus C. Rasser	37,043	[] Yes [X] No	
T. David Reed	32,931	[] Yes [X] No	
SEND CORRESPONDEN Mary Pat McMahon	<b>CE TO</b> :		
•	nnanu	(512) 627 1046	
The Procter & Gamble Con	iipaliy	(513) 627-1046	
Name		Phone No.	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	first joint inventor Michael W. Scherz
idence	Date
Cuizenship	The Procter & Gamble Company, Miami Valley Laboratories
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MPM:ghm(5949DECL)